

FICHA ODONTOLÓGICA **CÓDIGO DO CREDENCIADO**

































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RESERVADO AO DENTISTA REQUISITANTE





















Nome do Usuário: _____

CARTÃO ISSEC

ODONTOGRAMA PERMANENTE

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |

ODONTOGRAMA DECIDUO

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| 55 | 54 | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 85 | 84 | 83 | 82 | 81 | 71 | 72 | 73 | 74 | 75 |

RADIOGRAFIAS

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 48 | 47 | 46 | 45 | 44 | 43 | 42 | 41 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
| 55 | 54 | 53 | 52 | 51 | 61 | 62 | 63 | 64 | 65 | | | | | | |
| 85 | 84 | 83 | 82 | 81 | 71 | 72 | 73 | 74 | 75 | | | | | | |

PROCEDIMENTOS

| PROCEDIMENTO | DENTE | FACE | ARCADA | DATA | ASS. DO USUÁRIO OU RESPONSÁVEL |
|--------------|-------|------|--------|------|-----------------------------------|
| | | | | | |
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OBSERVAÇÃO/JUSTIFICATIVA ODONTOLÓGICA

Carimbo e Assinatura do Credenciado

RESERVADO À AUTORIZAÇÃO

SENHA DE AUTORIZAÇÃO

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

DATA DA AUTORIZAÇÃO

____ / ____ / ____
dia mês ano